tion of the eyes, lying upon one side of the body, turning of the head, occasionally nystagmus, etc.

Similar motor disturbances, only in a reversed sense had been observed after excitation of the posterior corpora bigemina.

Athough the existence of a cortical centre for the voice has been claimed and described by Krause, Simon, Horsley and Masini, the author found that there is no spot in the cortex whose destruction would have any influence on the voice. Transverse (frontal) sections of the brain anywhere cephalad from the corpora bigemina produce no alteration of the voice; when the section is made caudad from the corpora bigemina posterior, the voice ceases altogether.

The author does not believe that the effect upon the voice and the other motor disturbances observed as a sequel to ablation of the posterior corpora bigemina is due to lesion of deeper lying structures, for instance, of the superior cerebellar peduncles, but is convinced that the posterior corpora bigemina are themselves the centres for said movements. ONUF.

CLINICAL.

On a Symptom Complex of Congenital, Apparently Acquired, Disturbance of Co-ordination.—Nonne (*Archiv f. Psychiatrie u. Nervenkrank.*, Vol. xxvii., Part 2.

After referring to his first publication on this subject in which he portrayed the symptom complex of a peculiar family disease as it had manifested itself in three brothers, and in which he gave the findings of a careful histological examination of the nervous system in one case which had come to autopsy, the author takes a brief retrospect of the contributions that have been made to this subject and conditions simulating it and then proceeds to put on record the histories of six cases.

A synopsis of these cases shows:

In case No. I.

1. Spontaneous (or possibly after measles), early beginning (five years old).
2. No heredity.
3. Disturbance of co-ordination, involving the muscles of the extremities, of the trunk and the mimic muscles.
4. Severe involvement of the lower extremities.
5. Abnormal liveliness of the tendon reflexes.
6. Tendency to rigidity of the muscles of the lower extremities.
7. A "phonetic" disturbance of the muscles of the lips, tongue and larynx which subserve the act of speech.
8. Slight insufficiency of the external eye muscles and manifestations of nystagmus.
9. Slight deterioration of intelligence. No disturbance of the pupils; no alteration of sensibility; sphincters intact; no atrophy of optic nerve.

In Case No. II.

1. Spontaneous and early beginning (seventeen years old).
2. No heredity.
3. Comparatively severe disturbance of co-ordination in the upper and lower extremities simulating "cerebellar" ataxia.
4. Liveliness of tendon reflexes without muscle contracture.
5. Phonetic disturbance of speech and concomitant affection of the mimic musculature.
6. Limitation of intellectual capacity.
7. Slight insufficiency of external eye muscles; no nystagmus; no optic atrophy; no disturbance of pupils.
8. Normal sensibility and sphincters.
9 Chlorosis and muscular symptoms.

In Case No. III.

1. Early and spontaneous beginning (five years old).

2. No similar case in the family. Two other children seem to have had encephalitis.

3. Static ataxia and cerebellar gait, and slight disturbance of co-ordination in upper extremities.

4. Increased tendon reflexes and tendency of the muscles to rigidity.

5. "Explosive" manner of speaking.

6. Slight insufficiency of single external eye muscles. No nystagmus; no optic atrophy; no disturbance of pupils.

8. Intelligence normal.

In Case No. IV. the symptoms developed in a child seven years old, after it had an attack of measles.

The 5th and 6th cases which the author publishes are meant to demonstrate that a similar symptom complex may be the residuum of an acute disease of the brain.

Case V.—Male, 20 years old, without family or hereditary predisposition, developed in his twelfth year after the termination of a disease n which cerebral symptoms predominated :

1. A locomotor disturbance of co-ordination of the four extremities, which varied from an ataxia to a tremor. Static ataxia.

2. Speech disturbance of a phonetic character, dependant upon a similar inco-ordination of the speech respiratory muscles.

3. Insufficiency of the external eye muscles, normal pupils and normal optic nerve.

4. Moderate defect of intelligence.

5. Liveliness of tendon reflexes ; slight muscular rigidity.

6. Absence of sensory or bladder disturbance.

Case VI. is very analagous to Case V.

The author's conclusions are as follows : The disease developed in these patients without any hereditary condition existing in the family. It may follow a disease of the brain, as we have seen it after a sunstroke. The most important symptoms are :

1. Ataxia of station and locomotion, ataxic inco-ordination of the extremities (not pure), of the trunk and phonating speech muscles, with intact power of mimicry.

2. Insufficiency of the external eye muscles, with normal condition of the pupils and absence of nystagmus and change in the optic nerve.

3. Increase of patellar tendon reflex without accompanying rigidity of the muscles.

4 Absence of disturbance of sensibility and absence of sphincter disturbance.

5. Intactness of the intelligence.

The symptoms in one of the patients which the author details reached a standstill. Nonne is of the opinion that we have in these cases to deal with the sequences of an affection of the brain, the result of some toxic agency, of exogenetic origin.

He thinks it possible also that further experience will show, now that attention has been called to it, that the symptom complex here described is not so infrequent as one might think, and especially that isolated cases will be found in families in which there is no other nervous trouble.
J. C.

Chloroform Anæsthesia Produced During Sleep.—Dr. R. Gurriere (*Rivista sperimentale di freniatria, etc.*).

G. has repeated the experiments of Dolbean, the purpose of which was to find out whether chloroform vapors could be administered to a person physiologically asleep, and whether anæsthesia could thus be produced without awakening the sleeper. While Dolbean had experimented upon individuals affected with somatic diseases, G. performed his experiments upon persons who, being perfectly healthy somatically, had